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'Warning - these sperm could sue you one day': access to information about gamete or embryo donors in the UK

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In 1991, the UK became one of the first countries to implement near-comprehensive legislation governing assisted conception treatment and associated research, the Human Fertilisation and Embryology Act 1990.

A key feature of this Act was the establishment of a regulatory body, the Human Fertilisation and Embryology Authority (HFEA), one of whose functions is to maintain a Register of Information about donors of gametes or embryos used for the treatment of others, recipients of such treatment and children born from those treatments - and arranging for access to information held on the Register. This appears to have been only the second register of its kind to be established anywhere in the world, the first being the Central Register set up in the State of Victoria on 1 July 1988 following implementation of the Infertility (Medical Procedures) Act 1984.

When the Human Fertilisation and Embryology Act was being debated in Parliament during 1989 and 1990, there was overwhelming support for the principle of donor anonymity. This reflected the recommendations of the Warnock Committee (Department of Health and Social Security, 1984), the government-appointed Committee of Inquiry whose report formed the basis of the Act, the views of many clinicians providing assisted conception services and, as far as could be ascertained, of recipients of donor treatment services. An alternative approach, that only people willing to be identified to their offspring should be recruited as donors - advocated by a couple of members of parliament, some social workers and adoption specialists - was discounted. (The only circumstances under which the identity of a donor may be revealed are by order of a court in the 'interests of justice' or in connection with any legal proceedings resulting from the birth of a child with a congenital disability).

Missing completely from this debate were accounts of the

experiences of those who had been conceived following donor treatments. Those who presumed to speak on their behalf, such as Labour Member of Parliament, Dawn Primarolo, claimed:

'I do not believe that children's curiosity about themselves and about their attributes extends to them wanting to know about their genetic origins or the characteristics of their donor mother or father' (Primarolo 1990).

The HFEA's Register of Information was set up in August 1991. Up until 31 March 1999, nearly 18,000 births had been recorded on the Register and, with approximately 2,000 donor conceived births annually in the UK, it is reasonable to assume that over 20,000 births are now recorded on the Register.

So what will donor-conceived people be able to find out about their origins? First, of course, it depends on whether they know about the circumstances of their conception.

Research evidence indicates that the majority of people receiving donor treatment do not intend to tell any child about his or her origins, although many have told other members of their family (e.g. Cook et al., 1995; McWhinnie, 1996). In addition some parents are known to have changed their views about disclosure when their child is growing up. Other donor-conceived

people may find out 'by accident' or inadvertently.

Assuming that a donor-conceived person is aware of his or her origins, the Human Fertilisation and Embryology Act permits disclosure of the following information from the HFEA Register of Information. First, in order to reduce the risks of consanguinity, the Act permits an individual intending to marry to ascertain whether the Register provides any evidence of a genetic relationship to his or her intended spouse. (The earliest that anyone could request this information would be 2008, since 16 is the

'I do not believe that children's curiosity about themselves and about their attributes extends to them wanting to know about their genetic origins or the characteristics of their donor mother or father' (Primarolo 1990).

legal minimum age for marriage in the UK). Secondly, anyone reaching the age of 18 (i.e. from 2010) may enquire if the Register shows that he or she was conceived following donor treatment. Thirdly, the Act permits the government to make Regulations specifying any additional information held on the Register that may be disclosed to a donor-conceived person aged at least 18. While this information could include the donor's identity, retroactive disclosure of donor identity via Regulations is specifically prohibited.

In December 2001, the government published a public consultation paper to assist decision-making on what information – if any – should be made available to people born since 1 August 1991 following donor treatment*. The government is inviting comment on the following specified areas:

- Whether a donor-conceived person should be able to obtain non-identifying information about the donor
- Whether a donor-conceived person should be able to obtain identifying information about a future donor
- Whether future donors could specify whether identifying information should be made available (the so-called 'twin track' policy that would allow the future recruitment of both identifiable and non-identifiable donors).

Because of the limited remit of the primary legislation, the consultation does not consider information about half siblings who may exist as a result of donor treatments. Neither does it discuss the possibility of arrangements for obtaining further information from past donors.

As in other countries, access to genetic origins information in donor assisted conception has been vigorously debated. Many service providers and some consumer groups have argued that removal of donor anonymity would adversely impact on the recruitment of donors and would, therefore, compromise service provision. Donor-conceived people

themselves and parents of donor conceived people have increasingly urged the recruitment of identifiable donors only. Recently, donors' (unfounded) fears of being held accountable for their donations were articulated by an anonymous sperm donor writing in a London newspaper under the byline, 'WARNING: these sperm could sue you one day' (Anonymous, 2002). The media war is likely to become hotter as 1 July approaches. Watch this space!

*Anyone wishing to contribute to the government consultation may access the necessary documentation on the Department of Health web-site: www.doh.gov.uk/gametedonors. The deadline for responses is 1 July 2002. □

References

Anonymous (2002) WARNING: these sperm could sue you one day, Evening Standard, 5 March.

Cook R Golombok S Bish A and Murray C (1995) Disclosure of Donor Insemination: Parental Attitudes. American Journal of Orthopsychiatry. 65: 549-59.

Department of Health and Social Security (1984) Report of the Committee of Inquiry into Human Fertilisation and Embryology (The Warnock Report). Cmd. 9414. London: Department of Health and Social Security.

McWhinnie A M (1996) Families Following Assisted Conception: What do we Tell our Child? Department of Social Work: University of Dundee.

Primarolo D (1990) House of Commons Debates, 20 June, col. 989.

Inter-country adoption in the Philippines

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Motives and attitudes concerning adoption

Throughout history, adoption has probably been the method used most universally by societies to ensure the continuity of the family. Several records and beliefs in the past refer to adoption, as well as the needs of adopted children to determine their roots of origin. Likewise, a

large body of data expresses the profound need of adoptive parents to care and provide for the adopted child just as though it were their natural born child.

Historically, adoption primarily served to address the needs of childless adults rather than those of children who